ORGANIZATION FOR LONG-TERM MANAGEMENT OF HYPERTENSION: THE TRADE UNION AS A COMPLIANCE MECHANISM IN THE TREATMENT OF HYPERTENSION*

ELEANOR TILSON

Administrator
United Storeworkers Union Health and Security Plan
New York, N.Y.

THE trade union movement, representing millions of members and their families, can and should be an effective instrument for the promotion of health. I shall describe the role of the United Storeworkers Union in the development of a program of health promotion designed to detect and treat all members with high blood pressure.[1]

A brief explanation of the Storeworkers Union's security plan may make it easier to understand how and why the existing union structure became an easy and natural device through which to introduce an innovative hypertension program.

The union represents 12,000 workers in major department stores located in New York City and a number of suburbs. The Security Plan provides full family coverage for a broad range of benefits. It also handles the health-care problems of retired members, who now number 1,500. In total, our plan covers the health-care needs of 30,000 persons.

The plan is financed by employer payments equaling 6½% of the total payroll, and, thus, represents portions of previously negotiated wage increases set aside at the time of collective bargaining for the purpose of financing health-care needs. Benefits include payment for hospitalization; dental, optical, and medical care; disability; sick-leave days; drugs; and life insurance. It is totally self-insured; there are no third-party insurers. The plan is viewed as a health cooperative and the monies are viewed as belonging to the members. This concept is constantly brought to the attention of the members at meetings, in reports, in union newspapers, and in discussions.

---

*Presented in a panel, Organization for Long-Term Follow-Up of Patients with Hypertension, as part of a *Conference on Developing and Managing Community Programs for the Control of Hypertension* held by the New York Metropolitan Regional Medical Program at the New York Academy of Medicine April 15, 1975.

Members know that the plan is a health instrument designed to obtain the maximum value for their dollars and the maximum quality care. For example, a panel of doctors was set up for their use. Specialists in every field, whose qualifications were carefully reviewed, were selected for the panel. All doctors on the panel are board-certified in their specialties and have affiliations with the best voluntary hospitals. The confidence of the members in what the union recommends is evidenced by the high utilization of these doctors. Because the union examines and pays all of its members' claims, it is in a position to constantly review the quality and quantity of medical services used. Together with the medical advisor to the plan, we do not hesitate to intervene when there is a question as to the quality of care given to our members despite the traditional attitude that doctor and patient problems should remain strictly between them. Over the years, members as well as the leaders of our union have learned that doctor-patient confidentiality sometimes may be used to disguise poor medical care.

An example of union intervention in health has been our mandatory second-opinion program of surgical consultation which has been operating for 2½ years in conjunction with surgeons at Cornell University Medical College.[2] To qualify for medical benefits any union member who is advised that elective surgery is necessary is required to obtain a second opinion from a special panel of surgeons. When this program was announced, members of the medical profession predicted dire consequences and charged the union with interfering with the practice of medicine. On the other hand, members greeted the program enthusiastically—with the result that the loyalty of our members to the union and the plan was deepened.

Union leaders consider the Security Plan an important, integral part of the total union apparatus. Bargaining for new contracts every two or three years and dealing with members' grievances are important, but it is in the area of health, doctor bills, medicine, and sickness that leaders and members of the union come into almost daily and personal contact. When this contact is favorable, it increases the cohesiveness of the entire union.

The union's involvement with the development of a program of hypertension control began when union leaders were convinced that it would have significant medical value to the members and possibly result in economic savings to the union. I shall describe how the program began and the union's perception of its outcome.

Initially, the effects of hypertension, its dangers, and the fact that this new, simple program could have dramatic effects were widely publicized through our newspaper and at union meetings.

We contacted the management of each major store and enlisted their support in launching a program which would provide for screening on the employer's premises. Some of our members, we believed, might fear that the management would obtain the results of these tests and use the information to the member's disadvantage. We attempted to overcome this by publicly announcing that no management representative would be allowed in the testing area, that the results of the tests would be held in strict confidence and be unavailable to management, and that both security plan personnel and leading rank-and-file officers (all of whom are well known to the members) would always fill out the necessary papers and serve as clerical personnel. To avoid bottlenecks, a timetable providing a designated period for screening for each floor and each department was worked out with the management's cooperation.

Testing went smoothly and 77% of the members participated. However, we did encounter some interesting and not unexpected opposition. Some of our members believed in letting well enough alone; they had an ingrained distaste for any medical examination and feared what might be discovered. This phenomenon was particularly common among the highest wage earners in the store, the majority of whom are middle-aged males. Their earnings are directly related to the volume of sales which they write up, and, therefore, they are highly competitive. Although these members were strongly union-oriented and were aware intellectually that the findings would not influence job security, they constituted the group with minimal participation in each store.

The screening results revealed that many members who required treatment had been going to doctors with some regularity and yet had never had their blood pressures taken. There were others who had been told that they had high blood pressure, but were receiving neither medication nor regular care. Finally, there were some who had been informed that hypertension was a condition related purely to "nerves" and that they should simply "take things easy."

Once the members for whom treatment was indicated were identified, we decided that union headquarters, across the street from the store, was the best place to provide ongoing treatment. Treatment, as distinct from the testing, would be on the members', not the company's, time.

Union leaders and the medical team differed about how individual hypertensive members should be advised of their conditions and whether their participation in the program should be solicited by the union in view of the sanctity of patient-doctor relations.

Knowing our members, we decided that the best way to handle the problem was to call a meeting of all those who were identified as requiring treatment and encourage free and open public discussion. We were confident that no union member would be distressed if another member knew that he had hypertension. Although the medical team feared that this public approach would be counterproductive, events proved the union leaders right. In fact, a certain elitism developed among the members who elected to participate in the program. They were delighted to share their progress with their colleagues; they can frequently be seen comparing notes on their diastolic and systolic levels avidly.

The union controlled and arranged the scheduling of appointments for the treatment program. The union clerk still is responsible for calling members who occasionally are late or forget their appointments. The result has been that most patients have been diligent participants in the program.

One aspect of the effectiveness of the program is evidenced by the ease with which it operates. Members come regularly for physical examinations, checkups, and medications. Appointments are changed on occasion, but it is all done in a fashion that has not interfered with the daily operations of the union.

I should also mention the members' attitude toward treatment by paraprofessional and nurse therapists. Anyone observing the relations between the therapists and our members would conclude that this form of health treatment should be extended. There has developed a deep, warm identification between the therapists and our members. No member of our union has ever said that they would be more confident if a doctor were administering the ongoing care. The very fact that the therapists are not physicians we believe precludes the anxieties and fears that many members might feel in the presence of doctors.

The United Storeworkers Hypertension Control Program is an excellent example of how a health-conscious trade union, together with health professionals, can launch and successfully conduct a preventive medical care program.

REFERENCES

1. Alderman, M. H. and Schoenbaum, E. E.: Detection and treatment of hypertension at the work site. *New Eng. J. Med. 293:*65-68, 1975.
2. McCarthy, E. G. and Widmer, G. W.: Effects of screening by consultants on recommended elective surgical procedures. *New Eng. J. Med. 291:*1331-35, 1974.